

FORM LM-30  
LABOR ORGANIZATION OFFICER AND  
EMPLOYEE REPORT

This report is mandatory under P.L. 85-257, as amended. Failure to comply may result in criminal prosecution, fines or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>10084</u>	2. Fiscal Year Covered From <u>1 / 1 / 2004</u> Through <u>12 / 31 / 2004</u>
3. Name and address of person filing Name <u>Lawrence Martinez</u> P.O. Box, Bldg., Room No., if any Street <u>1900 L St., NW</u> City <u>Washington</u> State <u>DC</u> ZIP Code + 4 <u>20036-5003</u>	4. Name, file number, and address of labor organization Name <u>Graphic Communications Int'l Union</u> Labor Organization File Number <u>000373</u> P.O. Box, Building and Room Number, if any Street <u>1900 L Street NW</u> City <u>Washington</u> State <u>DC</u> ZIP Code + 4 <u>20036-5002</u>
5. Position in labor organization. <u>International Vice President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Lawrence Martinez

On

8/15/04  
Date

202-462-1400  
Telephone Number

Name of Person Filing Lawrence Martinez

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Unknown

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such deal e.g.

Unknown

11.b. Approximate dollar value of such dealing. UNKNOWN

12.a. Nature of interest held or income received.

During the course of 2004, I had meals with vendors to the GCIU. I cannot recall who paid for the meals or the cost of my share of the meals, if paid by the vendor.

12.b. Amount. UNKNOWN

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing <b>Lawrence Martinez</b>	File Number <b>U-</b>
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>Montag &amp; Caldwell</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>3455 Peachtree Road NE, Suite 1200</b></p> <p>City <b>Atlanta</b></p> <p>State <b>Georgia</b> ZIP Code + 4 <b>30326</b></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c is checked give trust or employer's name.</p> <p>Name <b>Graphic Arts Industry Joint Pension Trust</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>1900 L Street NW</b></p> <p>City <b>Washington</b></p> <p>State <b>District of Columbia</b> ZIP Code + 4 <b>20036</b></p>	<p>11.a. Nature of such dealing.</p> <p><b>Investment Manager</b></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <span style="float: right;"><b>\$152,490</b></span></p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p><b>During a Trustees Meeting Montag &amp; Caldwell hosted a Trustees' dinner on February 8, 2004</b></p> <hr/> <p>12.b. Amount. <span style="float: right;"><b>\$198</b></span></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Lazard Asset Management

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 30 Rockefeller Plaza

City New York

State New York

ZIP Code + 4 10020

## 9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Graphic Arts Industry Joint Pension Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1900 L Street NW

City Washington

State District of Columbia

ZIP Code + 4 20036

## 11.a. Nature of such dealing.

Investment Manager

## 11.b. Approximate dollar value of such dealing.

\$233,638

## 12.a. Nature of interest held or income received.

During a Trustees Meeting Lazard Asset Management hosted a Trustees dinner, September 27, 2004

## 12.b. Amount.

\$100

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

## 14.b. Amount of payment.

Name of Person Filing Lawrence Martinez	File Number U-
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<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>	
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name The Boston Company Asset Management Inc.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street One Boston Place</p> <p>City Boston</p> <p>State Massachusetts ZIP Code + 4 02108</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Graphic Arts Industry Joint Pension Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1900 L Street NW</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20036</p>	<p>11.a. Nature of such dealing.</p> <p>Investment Manager</p> <p>11.b. Approximate dollar value of such dealing. \$353,529</p> <p>12.a. Nature of interest held or income received.</p> <p>During a Trustees Meeting The Boston Company hosted a Trustees dinner September 26, 2004</p> <p>12.b. Amount. \$154</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Lawrence Martinez	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Pimco Funds</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg. Room No., if any</p> <p>Street 840 Newport Center Drive, Suite 500</p> <p>City Newport Beach</p> <p>State California ZIP Code + 4 92660</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c is checked give trust or employer's name.</p> <p>Name Graphic Arts Industry Joint Pens. on Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1900 L Street NW</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20036</p>	<p>11.a. Nature of such dealing.</p> <p>Investment Manager</p>
	<p>11.b. Approximate dollar value of such dealing. \$101,322</p>
	<p>12.a. Nature of interest held or income received.</p> <p>During a Trustees Meeting Pimco Funds hosted a Trustees dinner May 16, 2004</p>
	<p>12.b. Amount. \$45</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <b>Lawrence Martinez</b>	File Number <b>U-</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b>  Name <u>The Clifton Group</u>  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street <u>309 Clifton Avenue</u>  City <u>Minneapolis</u>  State <u>Minnesota</u> ZIP Code + 4 <u>55403</u>	<b>9. Business deals with:</b>  <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name <u>Graphic Arts Industry Joint Pension Trust</u>  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street <u>1900 L Street NW</u>  City <u>Washington</u>  State <u>District of Columbia</u> ZIP Code + 4 <u>20036</u>	<b>11.a. Nature of such dealing.</b> <u>Investment Manager</u>  <hr/> <b>11.b. Approximate dollar value of such dealing.</b> <span style="float: right;"><u>\$58,670</u></span>  <b>12.a. Nature of interest held or income received.</b> <u>During a Trustees Meeting The Clifton Group co-hosted a Trustees dinner, May 16, 2004</u>  <hr/> <b>12.b. Amount.</b> <span style="float: right;"><u>\$45</u></span>

<b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b>	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>14.a. Nature of payment.</b>  _____  _____  _____
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14.b. Amount of payment.</b> <span style="float: right;"><u>                    </u></span>

Name of Person Filing <b>Lawrence Martinez</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>West L.B. Asset Management</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <b>555 San Telipe, 20th Floor</b></p> <p>City <b>Houston</b></p> <p>State <b>Texas</b> ZIP Code + 4 <b>77056</b></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>Graphic Arts Industry Joint Pension Trust</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <b>1900 L Street NW</b></p> <p>City <b>Washington</b></p> <p>State <b>District of Columbia</b> ZIP Code + 4 <b>20036</b></p>	<p>11.a. Nature of such dealing.</p> <p><b>Investment Manager</b></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <b>\$63,364</b></p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>-During a Trustee Meeting West LB hosted a Trustees dinner, May 16, 2004.</p> <p>-West LB paid for a dinner meeting with Co-Chairman Martinez on 4/13/04.</p> <hr/> <p>12.b. Amount. <b>\$121</b></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer _____ or Consultant _____ ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>



B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Graphic Arts Industry Joint Pension Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1900 L Street NW

City Washington

State District of Columbia ZIP Code + 4 20036-5002

## 9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Same as 8

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing

Mr. Martinez is a Trustee and Co-Chairman of the Fund.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Lunch Meetings - 1/23/04, 3/26/04, 6/4/04, 7/12/04, 8/18/04, 9/14/04

## 12.b. Amount.

\$401

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

## 14.b. Amount of payment.

Name of Person Filing <b>Lawrence Martinez</b>	File Number <b>U-</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b>  Name <b>Graphic Arts Industry Joint Pension Trust</b>  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street <b>1900 L Street NW</b>  City <b>Washington</b>  State <b>District of Columbia</b> ZIP Code + 4 <b>20036-5002</b>	<b>9. Business deals with:</b>  <div style="margin-left: 20px;"> <input type="checkbox"/> a. Labor Organization  <input checked="" type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer       </div>
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>11.a. Nature of such dealing.</b>  Mr. Martinez is a Trustee and Co-Chairman of the Fund.  <hr/> <b>11.b. Approximate dollar value of such dealing.</b>  <hr/> <b>12.a. Nature of interest held or income received.</b>  Mr. Martinez received reimbursement for/or payment from the Fund for airfare, travel, lodging, and meals, lawfully incurred in attending Trustee Meetings on: 2/7 - 2/11/2004, 3/14 - 5/18/2004, and 9/24 - 9/28/2004.  <hr/> <b>12.b. Amount.</b> <span style="float: right;"><b>\$7,592</b></span>

<b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b>	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>14.a. Nature of payment.</b>  _____  _____  _____
<b>13.b. Is the Business an Employer</b> _____ <b>or Consultant</b> _____ <b>?</b>	<b>14.b. Amount of payment.</b>  _____

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name The Marco Consulting Group

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 550 W. Washington Boulevard 9th Fl

City Chicago

State Illinois ZIP Code + 4 60661

## 9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name

Name Graphic Arts Industry Joint Pension Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1900 L Street NW

City Washington

State District of Columbia ZIP Code + 4 20036-5002

## 11.a. Nature of such dealing.

Investment Consultant

## 11.b. Approximate dollar value of such dealing.

\$60,000

## 12.a. Nature of interest held or income received.

Golf Green Fee  
September 25, 2004

## 12.b. Amount.

\$140

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

## 14.b. Amount of payment.

Name of Person Filing <b>Lawrence Martinez</b>	File Number <b>U-</b>
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>Peake Delancey Printers LLC</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>2500 Schuster Drive</b></p> <p>City <b>Cheverly</b></p> <p>State <b>Maryland</b> ZIP Code + 4 <b>20781</b></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employee's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p><b>Printer</b></p>
	<p>11.b. Approximate dollar value of such dealing. <b>\$576,742</b></p>
	<p>12.a. Nature of interest held or income received.</p> <p><b>Lunch</b> <b>July 1, 2004</b></p>
	<p>12.b. Amount. <b>\$70</b></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>